



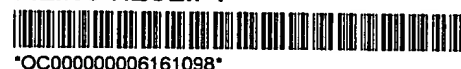
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/835,401	04/17/2001	2631	710	017750-301	4	6	2

CONFIRMATION NO. 4454

FILING RECEIPT



OC00000006161098

Patrick C. Keane
 BURNS, DOANE, SWECKER & MATHIS, L.L.P.
 P.O. Box 1404
 Alexandria, VA 22313-1404

Date Mailed: 06/07/2001

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Applicant(s)

Arleigh B. Baker, Longwood, FL;
 James H. Hughew, Orlando, FL

Domestic Priority data as claimed by applicant

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Foreign Applications

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Projected Publication Date: To Be Determined - pending completion of Corrected Papers

Non-Publication Request: No

Early Publication Request: No

Title

Adaptive information compression

Preliminary Class

375

Lockhead Martin
FGM/PCK

2D

BURNS, DOANE, SWECKER & MATHIS, L.L.P.
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Patent
Attorney's Docket No. 017750-301

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of
Arleigh B. BAKER and James H. HUGHEN
Application No.: 09/835,401
Filed: April 17, 2001
For: ADAPTIVE INFORMATION
COMPRESSION

Group Art Unit: 2631
Examiner: Unassigned

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Sir:

Enclosed is a copy of the Official Filing Receipt marked in red to show correction that is needed. The correction is as follows.

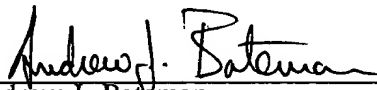
Under "**Applicant(s)**" following, the first named inventor, "Arleigh B. Baker, Longwood, FL;", please add, the second named inventor, --**James H. Hughen, Orlando, FL**--.

Issuance of a corrected Official Filing Receipt is respectfully requested.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:


Andrew J. Bateman
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Date: June 15, 2001



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Bib Data Sheet

CONFIRMATION NO. 4454

SERIAL NUMBER 09/835,401	FILING DATE 04/17/2001 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. 017750-301
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APPLICANTS

Arleigh B. Baker, Longwood, FL;
James H. Huguen, Orlando, FL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

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